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PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/870,113
		Filing Date	May 30, 2001
		First Named Inventor	Turner, Jr., C. Alexander
		Group Art Unit	1652
		Examiner Name	M. Rao
Total Number of Pages in This Submission	28	Attorney Docket Number	LEX-0182-USA

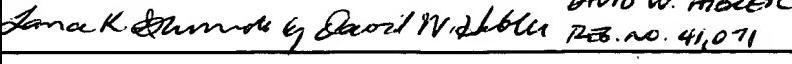
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (Original & Copy)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Exhibits A - E
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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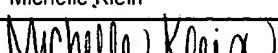
TECH CENTER 1600/2900

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Lexicon Genetics Incorporated Lance K. Ishimoto Reg. No. 41,866		
Signature	 DAVID W. HIBBER REG. NO. 41,071		
Date	May 15, 2003		



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PATENT TRADEMARK OFFICE

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: May 15, 2003			
Typed or printed name	Michelle Klein		
Signature		Date	May 15, 2003

1652
TP

FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 42.00)
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Complete if Known

Application Number	09/870,113
Filing Date	5/30/2001
First Named Inventor	Turner, Jr. et al.
Examiner Name	M. Rao
Art Unit	1652
Attorney Docket No.	LEX-0182-USA

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account

Deposit Account Number 50-0892
Deposit Account Name Lexicon Genetics Incorporated

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code 1001	Fee (\$ 750)	Fee Code 2001	Fee (\$) 375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independen t	-20**= 4	X 42.00	= 42.00
Multiple Dependent	-3**= 1	X 42.00	= 42.00

SUBTOTAL (2) (\$ 42.00)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code 1051	Fee (\$) 130	Fee Code 2051	Fee (\$) 65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840**
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			SUBTOTAL (\$)
*Reduced by Basic Filing Fee Paid			(3)

Complete (if applicable)

Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attomey/Agent)	41,866	Telephone	281-863-3333
Signature	Lance K. Ishimoto by David W. L. Lohmier DAVID W. LOHMIER Reg. No. 44,071		Date	May 15, 2003	



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